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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/555,093
Filing Date	August 22, 2000
First Named Inventor	Johnathan NAPIER
Group Art Unit	1638
Examiner Name	M. Walicka
Attorney Docket Number	005407.0001

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment w/Exhibits A-F
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
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Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michelle Holmes-Son, Reg. No. 47,660
Signature	<i>Michelle Holmes-Son</i>
Date	November 10, 2003

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center; font-size: x-small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/555,093</td> </tr> <tr> <td>Filing Date</td> <td>August 22, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>NAPIER</td> </tr> <tr> <td>Examiner Name</td> <td>M. Walicka</td> </tr> <tr> <td>Group / Art Unit</td> <td>1638</td> </tr> <tr> <td>Attorney Docket No.</td> <td>005407.00001</td> </tr> </table>		Application Number	09/555,093	Filing Date	August 22, 2000	First Named Inventor	NAPIER	Examiner Name	M. Walicka	Group / Art Unit	1638	Attorney Docket No.	005407.00001
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<p>TOTAL AMOUNT OF PAYMENT (\$) 420</p>		<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">NOV 2 2000</div> <div style="font-size: 1.2em; transform: rotate(-15deg); opacity: 0.5;">TECHNICAL CENTER</div>													

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>19-0733</td> </tr> <tr> <td>Deposit Account Name</td> <td>Banner & Wilcoff, Ltd.</td> </tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					Deposit Account Number	19-0733	Deposit Account Name	Banner & Wilcoff, Ltd.	<p>3. 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<p>SUBMITTED BY</p>						<p>Complete (if applicable)</p>	
Name (Print/Type)	Michelle L. Holmes-Son	Registration No. Attorney/Agent	47,660	Telephone	(202) 824-3000		
Signature				Date	November 10, 2003		

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